



Please complete the following information



- 1) Club Name:
- 2) Entity Type (LLC, Corp, etc.):
- 3) Federal ID/FEIN:
- 4) Club Creation Date:
- 5) Location/Physical Address:
- 6) Mailing Address:
- 7) Contact Name:
- 8) Contact Number:
- 9) E-mail:
- 10) How many years of experience do you have in this line of business (if new venture)?
- 11) Number of Employees – Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_
- 12) Estimated Annual Payroll – Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_ (Include all club coaches and support staff)
- 13) Do officers want to be covered? If yes, write the number of officers and payroll
- 14) Attach copy of Work Comp Policy (if applicable).
- 15) If you have a current insurance plan in place, please provide Work Comp Loss History.
- 16) How often are the employees paid? Monthly/Weekly/Semi-Monthly/Bi-Weekly:
- 17) Who is currently handling your payroll?

***If you answer "yes" to any of the following questions, please explain.***

- 1) Do any staff members own, operate, or lease aircraft/watercraft? Yes  No
- 2) Are sub-contractors used? Yes  No
- 3) Any work sublet without certificates of insurance? Yes  No
- 4) Is a written safety program in operation? Yes  No
- 5) Is there any group transportation provided? Yes  No
- 6) Are there any employees under 16 or over 60 years of age? Yes  No

- 7) Are there any seasonal employees? Yes  No
- 8) Is there any volunteer or donated labor? Yes  No
- 9) Do any employees have physical handicaps? Yes  No
- 10) Do employees travel out of state? If yes, state the following: Yes  No
- a. Average duration of trip?
  - b. Anticipated states?
  - c. Number of trips per year?
- 11) Are physicals required after offers of employment are made? Yes  No
- 12) Any prior coverage declined/cancelled/non-renewed (last 3 years)? Yes  No
- 13) Are employee health plans provided? Yes  No
- 14) Is there a labor interchange with any other business/subsidiary? Yes  No
- 15) Do you lease employees to or from other employers? Yes  No
- 16) Is there any current or anticipated debt for unpaid premiums owed to any previous worker's compensation provider? Yes  No
- 17) Has there been any lapse in worker's compensation coverage? Yes  No
- 18) Have there been any losses in the last four years? Yes  No
- 19) Does this business have any locations outside of the state? Yes  No
- 20) Does this business have a website? Yes  No
- 21) Is this a newly established business? Yes  No
- 22) Is the travel radius greater than 200 miles? Yes  No

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